

2004, the National Center for Health Statistics reported the first increase in the U.S. infant mortality rate since 1958.

Prematurity has enormous human, societal, and economic costs. Sadly, premature infants are 14 times more likely to die in their first year of life, and premature births account for nearly 24 percent of deaths in the first month of life. The estimated charges for hospital stays for premature and low-birth weight infants were \$15,000,000,000 in 2002, and the average lifetime medical costs for a premature baby are conservatively estimated at \$500,000. About 25 percent of the youngest and smallest babies live with long-term health problems, including cerebral palsy, blindness, chronic respiratory problems, and other chronic conditions. A study published in 2002 by the Journal of the American Medical Association found that children born prematurely are at greater risk for lower cognitive test scores and behavioral problems when compared to full-term children.

Although we've made vast improvements in treating premature infants, we've had little success in understanding and preventing premature birth, and the knowledge that we have gained has not been translated into improved perinatal outcomes. The three known risk factors for preterm labor most consistently identified by experts are multiple fetal pregnancies, a past history of preterm delivery, and some uterine and/or cervical abnormalities. Other possible risk factors are chronic health conditions such as high blood pressure, diabetes, and obesity in the mother, certain infections during pregnancy, and cigarette smoking, alcohol use, or illicit drug use during pregnancy. But as the science stands now, nearly 50 percent of all premature births have no known cause.

That is why today, my colleague Rep. ANNA ESHOO and I are introducing the bipartisan Prematurity Research Expansion and Education for Mothers who deliver Infants Early or PREEMIE Act. The Premie Act calls on the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) to "expand, intensify, and coordinate" research related to prematurity. It formally authorizes the Maternal Fetal Medicine Unit Network—which includes university-based clinical centers and a data coordination center—through which perinatal studies to improve maternal and fetal outcomes are conducted. It also authorizes the Neonatal Research Network to improve the care and outcomes of newborns. The bill will ensure better coordination on prematurity research priorities across federal agencies and also includes provisions for disseminating information on prematurity to health professionals and the public and for establishing family support programs to respond to the needs of families with babies in neonatal intensive care units.

I encourage my colleagues to join Rep. ESHOO and me in cosponsoring and strongly supporting the enactment of the PREEMIE Act.

REPAIRING YOUNG WOMEN'S LIVES AROUND THE WORLD—OBSTETRIC FISTULA

HON. BOBBY L. RUSH

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 9, 2005

Mr. RUSH. Mr. Speaker, I rise to thank the distinguished Member from New York, CAROLYN MALONEY, with whom I have had the pleasure of working along side ever since we were first elected at the end of the 102nd Congress. She has always been a true champion for women's rights and human rights, and I thank her for bringing this important issue to the awareness of the Congress.

You may or may not know that the World Health Organization estimates that at least two million women and girls around the world currently suffer from obstetric fistula, with an additional 50,000 to 100,000 cases happening each year. Obstetric fistula, a debilitating pregnancy related condition mainly affects girls ages 15–19. The condition occurs during childbirth when the infant's head presses against the woman's vagina and rectum, creating a formidable hole in vital tissue areas around the pelvis, resulting in loss of control of the bladder, bowels and nerve damage to the mother's legs. The prolonged labor almost always results in a high rate of infant mortality.

Beyond the significant health related risks that I have just outlined concerning this condition, there are also some societal factors that further debilitate these women. Many women with fistula are abandoned by their husbands and families because of the resultant odor and infertility. In effect, they become social outcasts because of the stigma associated with the disease, through no fault of their own.

As I stated before, approximately, two million women suffer from this condition. However, studies conducted by the United Nations Population Fund (UNFPA) and EngenderHealth reveal that these figures are grossly underestimated. For example, in Nigeria alone, close to one million women suffer from the disease although these figures are based solely on patients who seek and report treatment in medical facilities only. This statistic clearly disregards the many cases that go unreported and untreated in the region.

A key factor concerning this issue is that fistula is a preventable and curable disease. One form of prevention is a Caesarean section, which costs a mere 60 U.S. dollars. Surgery to repair fistula has an uncharacteristically high success rate of 90 percent even after a woman has had the condition for several years. Most women are either unaware that treatment is available or simply cannot afford it. Surely this cost is worth the value as success rates have proven to be extremely high.

Funding to treat this curable condition has been rescinded by the current Administration. The \$34 million in funds for the UNFPA that could save the lives of women and children around the world have been withheld causing more women and children to suffer.

We are here today to introduce the "Repairing Young Women's Lives Around the World Act," which would provide that the voluntary U.S. contribution of \$34 million to UNFPA for the fiscal year of 2006 and subsequent years, will be directed to UNFPA to be used only for prevention, treatment and repair of obstetric

fistula. The UNFPA serves as a vital institution for providing crucial family planning and health services to women in developing countries.

In closing, I would like to briefly remind you of some key points that summarize the severity of the issue.

Treatment to correct the condition has a 90-percent success rate.

For every child who dies from pregnancy complications, 15 to 30 women live and suffer chronic disabilities, the most acute of which is obstetric fistula.

It is estimated that there are 100,000 new fistula cases each year, but the international capacity to treat fistula remains at only 6,500 per year.

I fully support this issue because it brings attention to one of the failed maternal health systems around the world. Fistula is virtually unknown in places where early pregnancy is discouraged, women are educated, family planning is accessible and skilled medical care is available. I feel that eradication of this problem in developing countries is a goal that the U.S. should work to make a reality.

CELEBRATING THE LIFE OF RICHARD "DICK" SMYSER

HON. ZACH WAMP

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 9, 2005

Mr. WAMP. Mr. Speaker, I rise today to honor the life and legacy of a devoted and well-respected Tennessean, Mr. Richard "Dick" Smyser. Dick passed away on March 14th of this year at the age of 81. His deep devotion to his community and to the well-being of everyone leaves a legacy carried on by the lives he touched.

Mr. Smyser was born and raised in York, Pennsylvania, before graduating in 1944 from Pennsylvania State College with a degree in journalism. His dream to pursue writing, however, was put aside to answer a greater call. In 1943, he enlisted in the United States Army and served with distinction overseas in Algeria and Italy rising to the rank of corporal.

Upon returning to Pennsylvania, Mr. Smyser continued on the path he had left and began reporting news for The Chester Times, now The Delaware County Times. In 1948, Dick was named managing editor of The Oak Ridger, the first and only newspaper in the small East Tennessee town of Oak Ridge. Oak Ridge, Tennessee, was created for the important work on the World War II bomb, commonly referred to as the Manhattan project. He was a pioneer and helped shape Oak Ridge into the town it is today.

With a large number of scientists living and working in the area, Mr. Smyser became active in science writing circles, with a focus on nuclear science. For eighteen years he served on the Council for the Advancement of Science Writing's board of directors. He was a member of numerous media and science boards and a highly sought after speaker and panelist.

Under Mr. Smyser's leadership, The Oak Ridger grew substantially and won numerous awards and accolades for its coverage of the transformation of Oak Ridge. His contribution not only to the development of journalism in East Tennessee but to the entire community is